

A

Appeal application form

(Primary Health Lists)

For office use only

Office stamp (date received)

Case reference number:

Use this form to:

- Use this form to appeal to the First -tier Tribunal (Primary Health Lists) in all cases listed at section D.
- Please complete this form in CAPITAL LETTERS or type and either return it by post, email or fax, details at the end of the form.

A: Applicant's details**Please provide the following details about yourself:**

Title

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other

Surname

First name(s)

Address

Postcode

Professional
registration number
Telephone number(s)
(include any mobile)

Email address

All correspondence will be sent to your Representative should there be one. If not all documents will be sent to your address above.

B: Applicant's Representative's details**If appointed, please give details of your representative:**

Name

Address

Postcode

Profession

Telephone number(s)
(include any mobile)

Email address

Who should receive information about the appeal? Tick one box only ☐ You ☐ Your Representative

Important: We can only send papers and documents to one of the people named on this form.
If you do not tell us otherwise we will automatically send the papers to you.

C: About the Respondent

Please give details of the Respondent below (this will be the organisation against whose decision you are appealing):

Name of Respondent

Address

(on the letter you have received giving you the Notice of Decision)

Postcode

Telephone number(s)
(include any mobile)

Email address

D: What are you appealing against?

Please read carefully prior to ticking the appropriate box

A decision relating to a medical/dental/pharmacy/optical performers list (please delete):

- ☐ A decision to refuse your application
- ☐ A decision to conditionally include
- ☐ A decision to contingently remove
- ☐ A decision to remove
- ☐ An application to vary conditions

Or for NHS Commissioning Board (please delete):

- ☐ An application for National Disqualification
- ☐ An application to extend a suspension

E: Is the appeal in time?

See time limits at section J. Is the appeal in time?

- ☐ Yes ☐ No
If Yes, continue to section F If No, read below:

If you know your appeal is late, or you are not sure if it will be received in time, you must apply for an extension of time. Explain why your appeal is late in the box below.

If you are unsure about the time limit, refer to the guidance 'Appealing to the First-tier Tribunal (Primary Health Lists) – a guide to the appeals procedures' (available from Primary Health Lists website: www.justice.gov.uk/tribunals/primary-health-lists) or contact the Primary Health Lists Office for advice (details on page 5).

Attach any evidence and additional sheets, if necessary.

F: The result the applicant is seeking

Continue on a separate sheet, if necessary

G: Type of hearing

If you do not want an oral hearing and the Tribunal agrees, your appeal will be determined on the written evidence that you and the other party submit.

Do you want your case to be considered by a panel on the papers and neither party attends?

☐ Yes

☐ No

H: Interpreter

Do you or your witnesses require an **interpreter** at either the Telephone Case Management Hearing or the final hearing? If so, please state which **language**.

I: Reasons for Appeal

Give reasons why you think the decision of the NHS Commissioning Board is wrong, give your reasons in full.

Please also say what result you are seeking from your appeal.

Continue on a separate sheet, if necessary

Please Note: You must include with this Appeal/Application a copy of any written record of the Decision against which you are appealing and statement of reasons obtained from the Respondent.

Telephone Case Management Hearing (TCMH) and main hearing:

1. The Case will be listed for a preliminary directions hearing by way of a **Telephone Conference Call** with you, and/or your representative, the Respondent and a Judge. We will send you a guide to the TCMH when your appeal has been registered.
2. In the call, you will be asked about the witnesses you want to call and about the length of time the hearing may take.
3. Prior to the call, the Respondent will write to you or call you to discuss draft directions and the issues which will be discussed at the TCMH.
4. If you want the Tribunal to issue a summons requiring any witness to attend the hearing because they have refused to attend, please raise the matter with the Judge at the TCMH.
5. The main hearing will be heard in public unless the Tribunal directs that it, or any part of it be heard in private. If you want your hearing or part of it to be heard in private, please raise the matter with the Judge at the TCMH and explain why.
6. The Tribunal can make an order prohibiting the disclosure or publication of any specified document or information relating to the appeal proceedings. If you want the Tribunal to make such an order, please raise the matter with the Judge at the TCMH and explain why.
7. An **interpreter can be arranged** for the TCMH and the final Hearing, please complete Section H if one is needed.

Time limits for Appeal – please read carefully:

Please note that you **must** complete and return this application within the following time limits for:

- Appeals against a decision relating to a **medical/dental/pharmacy/optical performers list** issued by the NHS Commissioning Board is **28 days** from the date of the notice of decision which you wish to appeal.
(We aim to deal with appeals in **30 weeks** from registration date.)

Oral/Paper Hearing:

If you and the Respondent do not want an oral hearing and the Tribunal agrees, your appeal will be determined on the written evidence that you and the other party submit. **Paper hearings are not suitable for cases which require the Tribunal to determine facts. They may be suitable for emergency hearings.**

If you have completed all the sections relevant to your appeal you should now **sign and date this form** on the next page and return it immediately to Primary Health Lists at the address given.

K: Sign and date this form

This form can be signed by the person bringing the appeal or by their Legal Representative.

(A typed signature is acceptable)

Your signature	
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Or

Your legal representative's signature	
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Date //

Return this form to:

By post:

HM Courts & Tribunals Service
Primary Health Lists
1st Floor, Darlington Magistrates' Court
Parkgate
Darlington
DL1 1RU

By email:

primaryhealthlists@hmcts.gsi.gov.uk

By Fax:

01264 785013

For further information about appeals to the Tribunal you can log on to the Primary Health Lists section of the Tribunal Service web site: www.justice.gov.uk/tribunals/primary-health-lists